Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Long-Term Care Advertising - SERFF Tr Num: MUTM-126433684 State: Arkansas

ML11838

TOI: LTC03I Individual Long Term Care SERFF Status: Closed- State Tr Num: 44407

Disapproved

Sub-TOI: LTC03I.001 Qualified Co Tr Num: KAREN HOWLAND State Status: Disapproved-Closed

Reviewer(s): Marie Bennett

Author: Karen Howland Disposition Date: 06/14/2010

Date Submitted: 12/28/2009 Disposition Status: Disapproved

Implementation Date Requested: Implementation Date:

State Filing Description:

Filing Type: Advertisement

General Information

Project Name: Long-Term Care Advertising Status of Filing in Domicile:

Project Number: ML11838 Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission

Overall Rate Impact:

Group Market Size:

Group Market Type:

Filing Status Changed: 06/14/2010 Explanation for Other Group Market Type:

State Status Changed: 06/14/2010

Deemer Date: Created By: Karen Howland

Submitted By: Karen Howland Corresponding Filing Tracking Number:

Filing Description: NAIC #261-71412 FEIN #47-0246511

Mutual of Omaha Insurance Company

Long-Term Care Advertising

ML11838

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Carly Cole

Product and Advertising Compliance Consultant

Regulatory Affairs Phone: 402-351-2476

Fax: 402-351-5298

E-mail: advfilings@mutualofomaha.com

kh

Company and Contact

Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs 402-351-2476 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company CoCode: 71412 State of Domicile: Nebraska

Mutual of Omaha Plaza Group Code: 261 Company Type: Health Insurance

Omaha, NE 68175 Group Name: State ID Number:

(402) 351-6420 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No

Fee Explanation:

Company Tracking Number: KAREN HOWLAND

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Mutual of Omaha Insurance Company \$25.00 12/28/2009 33129103

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Correspondence Summary

Dispositions

Status Created By Created On Date Submitted

Disapproved Marie Bennett 06/14/2010 06/14/2010

Objection Letters and Response Letters

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Marie Bennett 03/10/2010 03/10/2010

Industry
Response
Filing Notes

Subject Note Type Created By Created Date Submitted

On

OBJECTION LETTER Note To Filer Marie Bennett 05/12/2010 05/12/2010

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Disposition

Disposition Date: 06/14/2010

Implementation Date: Status: Disapproved

Comment: SINCE A RESPONSE WAS NOT RECEIVED TO OUR OBJECTION LETTER NOR THE NOTE TO FILER,

THE REFERENCED ADVERTISEMENT IS DISAPPROVED FOR USE IN ARKANSAS.

Rate data does NOT apply to filing.

Company Tracking Number: KAREN HOWLAND

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Schedule Item Schedule Item Status Public Access

Supporting DocumentMemorandum of VariabilityYesFormProspecting LetterYes

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/10/2010
Submitted Date 03/10/2010
Respond By Date 04/09/2010

Dear Carly Cole,

This will acknowledge receipt of the captioned filing.

Objection 1

- Prospecting Letter, ML11838 (Form)

Comment: Comment: State in the advertising piece that the consumer must meet all Medicaid eligibility requirements including income limits.

Please feel free to contact me if you have questions.

Sincerely,

Marie Bennett

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Note To Filer

Created By:

Marie Bennett on 05/12/2010 03:33 PM

Last Edited By: Marie Bennett

Submitted On:

06/14/2010 01:33 PM

Subject:

OBJECTION LETTER

Comments:

TO DATE, WE HAVE NOT RECEIVED A RESPONSE TO OUR OBJECTION. DO YOU WISH TO WITHDRAW THIS FILING? IF WE DO NOT HAVE A RESPONSE BY 5/12/10, THE FILING WILL BE DISAPPROVED.

 SERFF Tracking Number:
 MUTM-126433684
 State:
 Arkansas

 Filing Company:
 Mutual of Omaha Insurance Company
 State Tracking Number:
 44407

Company Tracking Number: KAREN HOWLAND

TOI: LTC031 Individual Long Term Care Sub-TOI: LTC031.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Form Schedule

Lead Form Number: ML11838

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
	ML11838	Advertising Prospecting Letter	Initial		0.000	ML11838.pdf

MUTUAL OF OMAHA INSURANCE COMPANY



What's all the talk about long-term care partnerships?

You've probably heard people talking about a long-term care partnership program in our state. This partnership between the state and private insurance companies is designed to encourage citizens to take personal responsibility for their retirement planning because the future of public support through Medicaid is uncertain.

Here's how it works: The long-term care partnership program allows Medicaid and private long-term care insurance companies to work together to provide benefits for covered long-term care services while helping people protect the assets they worked a lifetime to accumulate. What does this mean for you?

- When you purchase a long-term care insurance policy that meets the state's guidelines, you will be allowed to
 protect a portion of the assets you might otherwise have to "spend down" to meet Medicaid eligibility
 requirements.
- Asset protection is on a dollar-for-dollar basis. That means if you purchase a long-term care insurance policy that pays \$100,000 in benefits, you will be allowed to keep \$100,000 in personal assets and still be eligible for Medicaid.
- Your long-term care insurance policy pays first. After all benefits have been paid under your policy, you may be allowed to transition to Medicaid.

Ensuring you receive accurate information

In order to ensure people receive accurate, up-to-date information on this important issue, the state requires insurance agents to complete a special training course and periodic refresher courses in order to market long-term care insurance policies to their clients.

I'm pleased to report that I have completed the training and can assist you with your long-term care insurance needs. If you would like more information about how our state's partnership program may benefit you, please call me. I'll be happy to provide a no-cost review of your long-term care options.

Sincerely,

[Agent name]
[Agent Phone number]
[Agent Email]

This is a solicitation of insurance. Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175-0001. Policy forms: LTC09M, LTC09M-AG, LTC09M-5ML, LTC09M-10ML (or state equivalent) In ID: LTC09M-ID, LTC09M-AG-ID, LTC09M-5ML-ID, LTC09M-10ML-ID, In NY: LTC09M-NY, LTC09M-AG-NY, LTC09M-5ML-NY, LTC09M-10ML-NY, In OK: LTC09M-OK, LTC09M-AG-OK, LTC09M-5ML-OK, LTC09M-10ML-OK, In OR: LTC09M-[AG, -5ML, -10ML]-OR, In PA: LTC09M-PA, LTC09M-AG-PA, LTC09M-5ML-PA, LTC09M-10ML-PA, In TX: LTC09M-TX, LTC09M-AG-TX, LTC09M-10ML-TX, In WA: LTC09M-WA, LTC09M-AG-WA, LTC09M-5ML-WA, LTC09M-10ML-WA. These policies have exceptions, limitations and reductions. You may be contacted by telephone by an insurance agent.

Company Tracking Number: KAREN HOWLAND

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: Long-Term Care Advertising - ML11838

Project Name/Number: Long-Term Care Advertising/ML11838

Supporting Document Schedules

Item Status: Status

Date:

Satisfied - Item: Memorandum of Variability

Comments: Attachment: VM-ML11838.pdf

VARIABLE MATERIAL FOR ADVERTISING FORM ML11838

The following information in the aforementioned advertisement is bracketed to denote variable material.

Section

[Agent Name] [Agent Phone Number] [Agent Email] **Explanation**

Agent name sending the letter. Agent Phone Number will be the agent's phone number. Agent Email will be the agent's email address.